#### DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

February 11, 1997

ALL COUNTY INFORMATION NOTICE I-06-97



$TO \cdot$	ATT	COUNTY	WELFARE	DIRECTORS

[ ] State Law Change
[X] Federal Law or Regulation
Change
[ ] Court Order
[ ] Clarification Requested by
One or More Counties
[X] Initiated by CDSS

SUBJECT:

CHANGES TO FORMS USED BY THE AID TO FAMILIES WITH

DEPENDENT CHILDREN, FOOD STAMPS, AND MEDI-CAL/ STATE-RUN COUNTY MEDICAL SERVICES PROGRAMS

REFERENCE:

ALL COUNTY LETTERS NO. 96-51 and 96-60

This letter transmits changes to the application and monthly/status report forms. Copies of the following forms are enclosed:

- o CA 7 (12/96), Monthly Eligibility Report
- o SAWS 7 (12/96), Monthly Eligibility/Status Report
- o CA 7A (12/96), How to Fill Out Your CA 7 and SAWS 7
- o SAWS 1 Coversheet and SAWS 1 (12/96), Application for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program (State CMSP)

Below is a description of the general changes to the forms. Attachment 1 outlines all changes not discussed below. It is recommended that counties begin using the forms transmitted in this notice as soon as administratively feasible.

#### CA 7 and SAWS 7

County Welfare Departments (CWDs) are advised that effective immediately, the forms designation for the CA 7 and SAWS 7 is changed from "Required Form - No Substitute" to "Required Form - Substitute Permitted." By changing the form designation for the CA 7/SAWS 7, CWDs will no longer be required to ask the state for a waiver to conduct a demonstration project when proposals involve only minor changes to the form.

Additionally, CWDs will have more flexibility in addressing individual variations for county systems and/or demographic characteristics, which should reduce the need for county developed supplementary forms.

However, there is no change in the requirement for CWDs to obtain prior approval from the California Department of Social Services (CDSS) before implementing a modification of or substitution to the CA 7/SAWS 7 and other "Substitute Permitted" forms. For the Aid to Families with Dependent Children (AFDC) and/or Food Stamp (FS) Programs, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22.

For Medi-Cal changes or substitutions to the SAWS 7 and the MC-176, Medi-Cal Status Report Form, CWDs should contact the Department of Health Services, Medi-Cal Eligibility Branch.

There are other revisions to the CA 7 and SAWS 7. The forms are changed to facilitate the identification of persons eligible for the higher Maximum Aid Payment as referenced in All County Letter (ACL) No. 96-60. Also, the new FS disqualification penalties are incorporated in the Certification Section.

#### <u>CA 7A</u>

The CA 7A is revised to provide the recipient with specific information on how to complete the CA 7 and SAWS 7. The prior version did not include information regarding the SAWS 7.

#### SAWS 1

The SAWS 1 Coversheet is revised to eliminate narrative regarding homelessness as a basis for FS Expedited Service. See ACL 96-51 for a discussion of this issue. The SAWS 1 Application is not revised.

#### CAMERA-READY COPIES AND TRANSLATIONS

Counties needing a camera-ready copy of any of the forms discussed in this letter may call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907 for copies of the English and Spanish (SP) versions. For Asian language (Chinese, Cambodian, and Vietnamese) versions, counties may FAX their requests to the Language Services Bureau at (916) 657-3429 or CALNET 473-3429. Counties may call (916) 464-1282 if only one form is being ordered.

A camera-ready version of the SAWS 1 (SP) is expected to be available within 30 days. Camera-ready versions of the SP translations of the remaining forms and the Asian translations of all forms are expected to be available at a later date.

#### STOCK

A six-month supply of state produced stock for the English language versions of all forms are expected to be available in the CDSS Warehouse by March 21, 1997. The SP translations are expected to be available at a later date. CDSS will issue the Notice of Change Form (GEN 127) when the English and Spanish language versions of the forms are available. See the County Forms Catalog for the procedures for ordering forms from the CDSS Warehouse.

#### **CONTACTS**

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- o This letter and the forms: Elizabeth Allred at (916) 657-3350/CALNET at 437-3350;
- o Food Stamp Program: Melissa Buchanan at (916) 654-8467/CALNET at 464-8467;
- o Asian/Spanish translations: Shirley LuKung at (916) 654-1277/CALNET at 464-1277;
- o Medi-Cal: Michelle Harrison at (916) 654-6469/CALNET at 464-6469 or Kveta Simon at (916) 657-2767/CALNET at 437-2767.

Sincerely,

BRUCE WAGSTAFF

Deputy Director

Welfare Programs Division

Bruce Wastuff

#### Attachments

c: CWDA

Frank Martucci, Department of Health Services

#### CA 7/SAWS 7

#### Changes common to both forms:

- o The first bullet at the top of the page is revised to "Complete, sign, and return this report by the 5th of the month. Facts on who can sign are listed above the signature blocks on page 2."
- o Item 1, narrative in the first bullet is streamlined. The adjectives "Number of" and "Gross" are inserted in the subset grid as "Number of Days and Hours Worked" and "Gross Amount."
- o Item 2 is revised to add "seeking work." This narrative, only for FS households, is relocated from old item 5 on page 2 "Dependent Care...."
- o In Item 3 the adjective "Gross" is inserted in the subset grid as "Gross Amount."
- o Item 4a is deleted as this information is not required. Prior item 4b is renumbered as item 4.
- o Page 2 is reformatted to provide space for new item 5. Subsequent items are renumbered.
- New item 5 asks "Did anyone become disabled, or recover from a disability/major illness? Include anyone who is unable to work for at least 30 days." Subset items ask the recipient to identify the name of person(s), relationship, date of change, and what changed. The change in disability status was requested in old item 6 (as a subset item in column 1). New item 5 was developed for AFDC purposes to identify potential eligibility for an exemption to the MAP cuts as referenced in ACL 96-60. However, narrative is not limited to that issue as this item also obtains disability status for FS and Medi-Cal/State CMSP.
- o New item 6, narrative is streamlined.
- o New item 7, is reformatted to insert a grid to obtain specific subset information. Other changes to the forms include:
  - The prior "Disability" bullet is relocated to new item 5 as outlined above.
  - The "Citizenship/Immigration Status" bullet is revised to "...gets a new card, form or letter from the INS."

- The prior "Dependent Child Care" bullet is deleted with the exception of the phrase "seeking work," which is relocated to item 2.
- The "IHSS" bullet is added to identify potential eligibility for an exemption to the MAP cuts.
- o The "ADDRESS CHANGE" section is streamlined.
- o The "CERTIFICATION SECTION" is resequenced to separate the penalties for welfare fraud for cash aid and FS. Narrative is updated and clarified.
  - Old bullet two "If I have any doubts about needing to report any changes, I must contact my worker" is deleted. This information is on other documents provided to the client at time of application and recertification.
  - Old bullet three "Facts I report may result in benefits going up, down, or being stopped" is relocated to new bullet five at the top of page 1.
  - Old bullet eight is revised to "If I file more than one application so I can get cash aid in more than one case at the same time, or ..." and is relocated to new bullet 4.
  - In the "WHO MUST SIGN BELOW" section narrative is streamlined.

#### CA 7 Only Change

o Bullets three and four in the introductory section are reversed.

#### SAWS 7 Only Changes

- o The narrative "Attach a separate sheet of paper if needed" (from the second sentence, first bullet in Part A) is relocated to bullet 4 in the instructions section at the top of the form.
- o In PART A the title is changed to "Request to Stop Benefits." The term "Medical Assistance" is changed to "Medi-Cal" and a new checkbox and narrative are added for "State CMSP."
- o In PART B the first two sentences in the first bullet are deleted as this narrative essentially duplicates the instructions in bullet 4 in the instructions section "If you want to keep your benefits...."
- o In the "CERTIFICATION SECTION" bullet two narrative regarding the timeframe for reporting Medi-Cal/State CMSP changes is combined with the timeframe narrative for cash aid in bullet one.

#### **CA 7A**

The CA 7A is a document used by the eligibility worker at intake to orally discuss with clients the procedures for completing the report form. The CA 7A may be provided to recipients at any other time, such as at recertification or when the recipient does not complete the CA 7 or SAWS 7 correctly. The CA 7A is updated and made more user friendly. Changes include reformatting to two-columns, simplifying and resequencing narrative. Instructions for completion of the SAWS 7 are added.

- o The form title is changed to "HOW TO FILL OUT YOUR CA 7 OR SAWS 7."
- o Introductory bullets provide the names of the forms, instructions on answering questions, asking for help to complete the form if needed, attaching proof, signing the form, etc..

  New bullet three explains how the county uses the information that is provided, i.e., "...to see if you are still eligible for benefits and to figure the amount of cash aid or benefits you should get."
- o Page 1, column one provides instructions on program specific completion criteria, such as reporting timeframes, and information about the consequences of perjury and fraud.
- o On page 1, column two, a new section is added "HOW TO FILL OUT PART A ON THE SAWS 7." The "FACTS YOU MUST REPORT FOR EACH ITEM" section explains the information that must be reported for each item number.
- o On page 2, the first column discusses "PROOF."
- o On page 2, the second column provides definitions of some terms on the CA 7, SAWS 7 and/or CA 7A. The reminder section is revised and retitled "DO NOT FORGET!"

#### SAWS 1 COVERSHEET

- o Page 1, second column, Expedited Service (ES), the first bullet is deleted as homelessness or temporary housing no longer qualifies as a reason for FS ES.
- o Page 2, first column, the description of State CMSP is simplified to "medically necessary emergency care for adults who are not on Medi-Cal and who live in some rural counties."
- o Page 2, bullet 3 in the "OTHER THINGS YOU SHOULD KNOW" section regarding "Fraud and Perjury" is revised to clarify that the applicant/recipient swears "under oath" to tell the truth when he/she signs a penalty of perjury statement. Bullet 4 narrative is revised to begin "If you are found guilty of committing fraud..."

#### **MONTHLY ELIGIBILITY REPORT**



THIS REPORT IS FOR THE MONTH OF

For Cash Aid and Food Stamps

- Complete, sign, and return this report by the 5th of the month. Facts on who can sign are listed in the CERTIFICATION section.
- If a complete report is still not in by the 11th, your benefits for cash aid, food stamps, and/or Medi-Cal/State CMSP may be delayed, lowered or stopped. You will not get work allowances for cash aid.
- If you get food stamps, answer for everyone in your household. If you don't get food stamps, answer for everyone on cash aid including children, parents, stepparents and your spouse.

  Answer ALL questions below and attach proof when we ask for it or your benefits may be lowered or stopped. Attach a separate
- sheet of paper if needed.
- Facts you report may result in your benefits going up, down, or being stopped.

	Need Help? Call your worker.					Worker:		Phone:	
Did anyone get money If "YES", complete below. Ir and actual date received. C  If self-employed: List by	clude tips, heck ( 🗸 )	vacation pay o ) if for job or tra	r income in kind aining. <b>Attach i</b>	paystubs or oth	er proof of earning	ngs.		YES 🗌 NO	
Vho Got Income Employer's name		Number of Days Worked	Number of	Gross Amount	Gross Amount \$ Date Received	Gross Amo \$ Date Recei	unt Gross Amount \$	Gross Amount \$ Date Received	
Vho Got Income Employer's name	□ Job □ Training	Number of Days Worked	Number of Hours Worked	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amo \$ Date Recei	\$	Gross Amount \$ Date Received	
2) If anyone above paid for training, list here and a	ttach pr	of a child, roof of pa	disabled p yment.		-		orking, seeking	work, or in	
Name Of Person Who Received Ca	re Cos \$	<u>t</u>		Name Of P	erson Who Rece	ived Care	Cost \$		
3 Did anyone receive mo Include: Child/spousal/medica Social Security; Supplemental Workers Compensation; state Lump sums - back government Cash; gifts; loans; grants; scholf YES, list who received, source	support; i Security In Isability in benefits; larships; ta	nterest from o acome/State S asurance (SDI lottery winning ax refunds; re	checking/savin Supplemental I ); unemploym gs; money fror ntal income; fi	igs accounts or Payment (SSI/S ent; other disab m insurance/leg ree housing, uti	CDs; stock or bo SSP); railroad reti ollity; strike benef al settlements, e lities, or food; or	rement; vete: its. tc.	rans.	YES  NO	
Who Got Income Source of Income		Gro	ess Amount	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amour \$ Date Receive	\$	Gross Amount \$ Date Received	
Who Got Income Source of Income		\$		Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amour \$ Date Receive	\$	Gross Amount \$ Date Received	
If anyone paid court ordered child s	upport this r	month, list the a	mount they paid	``	hanges in the court	order. Att	ach Proof.	1	

FULL NAME OF PERSON(S)	k for at least 30 days? If "YI	EXPLAIN WHAT C			DATE OF CHANGE
TOLE NAME OF PERSON(S)	TIESTIONOM: 10 100	SAI CAR WITAT OF	a in Wald too to		DATE OF GRANGE
			······································		
6 Did anyone motemporary abs	ove into or out of your hom ences; anyone who died, e	ntered or left a hos	pital, etc. If "YES"	else? Include: newb , complete below:	orns; YES
FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT CH	HANGED		DATE OF CHANGE
O Does anyone h	ave anything else to report ete below:	? Include expected	changes. Attach	proof, including any	costs. YES
• Income:	Starts, changes or stops.		Babies:	Become pregnant, hav	ve a baby, abort or misca
● Job/	Start, stop, quit, refuse a job		Marital:	Marry, divorce, or sepa	arate.
Training: • School:	strike, or a change in numbe Start or stop school or colleg		<ul><li>Medical Costs:</li></ul>		nyone who is disabled or a ew medical costs not bei
School.	school transportation, etc.	e. costs for tuttori,	00313.	used to figure your cu	
Property:	Buy, sell, trade, give away, or home, land, or trusts, etc.		• Insurance:	benefits including ME	_
Checking/ Savings:	Open/close a checking or sate balance is different at the en-	vings account(s) or the d of the month	• IHSS:	Starts or stops in-Hon	ne Supportive Services.
<ul><li>Citizenship/ Immigration</li></ul>	A citizenship or immigration s anyone gets a new card, for	status changes or	3.		
Status: NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN V	VHAT HAPPENED		DATE OF CHANGE
	Eill in this section (	ONLY if you have me	wad ar baya a naw	mailing addrosa And	if you get food stamps
ADDRESS CHA		ur <b>new</b> housing cost			ii you get tood stamps
			STA		CODE NEW PHONE NUMB
NITIAL LICANT ADDITION (NILLIA)					
NEW HOME ADDRESS (NUMI	BER, STREET NAME, AVENUE, BLVD., ET	C.) APT NO CITY	51A	IE ZIP	DODE NEW PHONE HOWE
			-		( )
	MAILING ADDRESS (IF DIFFERENT FRO		CITY		( )
		M HOME ADDRESS)	CITY		( )
DATE MOVED NEW	MAILING ADDRESS (IF DIFFERENT FRO		cm	Y STA	( )
DATE MOVED NEW	MAILING ADDRESS (IF DIFFERENT FRO	M HOME ADDRESS)	CATION I ALSO UNDERS	STAND THAT:	( ) TE ZIP CO
I UNDERSTAND THE may affect my e	MAILING ADDRESS (IF DIFFERENT FRO HAT: ny worker within 5 days of a eligibility for or the amount o	CERTIFI  any change that of my cash aid.	CATION I ALSO UNDERS  If I do not for	STAND THAT:	( ) TE ZIP CO
I UNDERSTAND THE Must contact romay affect my earlier in the large to the right.	MAILING ADDRESS (IF DIFFERENT FRO HAT: my worker within 5 days of a eligibility for or the amount of to a state hearing on any pro	CERTIFI  any change that of my cash aid.	CATION I ALSO UNDERS  If I do not for stopped for	STAND THAT: billow food stamp rule 12 months for the fi	es, my food stamps c
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfa	HAT:  ny worker within 5 days of a eligibility for or the amount of to a state hearing on any properties.	CERTIFI  any change that of my cash aid. oposed action by	CATION I ALSO UNDERS  If I do not for stopped for the second, to \$250,000	STAND THAT:  ollow food stamp rule 12 months for the fi and forever for the t and/or sent to jail/pr	es, my food stamps or rst violation, 24 months in the control of t
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose I	HAT:  ny worker within 5 days of a state hearing on any properties a state hearing on any properties are department.	CERTIFI  any change that of my cash aid. oposed action by ive wrong facts	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found	STAND THAT:  of low food stamp rule 12 months for the fi and forever for the t and/or sent to jail/pr d quilty in any court	es, my food stamps or rst violation, 24 mont hird. And I may be fin ison for 20 years. of law because:
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose i to get or keep	HAT:  ny worker within 5 days of a bligibility for or the amount of to a state hearing on any property department.  idon't report all facts or go getting aid or benefits, I	CERTIFI  any change that of my cash aid. oposed action by live wrong facts acan be legally	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of	STAND THAT:  collow food stamp rule  12 months for the to  and forever for the to  and/or sent to jail/pr  d guilty in any court  or sold food stamps f	es, my food stamps or rst violation, 24 mont hird. And I may be firison for 20 years. of law because: or firearms, ammuniti
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose I to get or keep prosecuted ar	HAT:  my worker within 5 days of a state hearing on any properties of the department.  I don't report all facts or go getting aid or benefits, Indican be charged with	CERTIFI  any change that of my cash aid. oposed action by live wrong facts is can be legally a committing a	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found explosive	STAND THAT:  collow food stamp rule  12 months for the ti  and forever for the ti  and/or sent to jail/pr  d guilty in any court  or sold food stamps fee, my food stamps	es, my food stamps or rst violation, 24 mont hird. And I may be fin ison for 20 years. of law because:
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose I to get or keep prosecuted ar felony if more	HAT:  my worker within 5 days of a state hearing on any properties department.  I don't report all facts or go getting aid or benefits, I ac can be charged with than \$400 is wrongly pa	CERTIFI  any change that of my cash aid. oposed action by live wrong facts is can be legally a committing a id out for cash	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found to explosive the first to I traded t	STAND THAT:  collow food stamp rule 12 months for the fi and forever for the t and/or sent to jail/pr d guilty in any court or sold food stamps f es, my food stamps violation; or sold food stamps	es, my food stamps or st violation, 24 monthird. And I may be firm ison for 20 years. of law because: or firearms, ammunitican be stopped forevious for controlled substates.
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfa If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any properties of a elegatiment. I don't report all facts or good getting aid or benefits, I ad can be charged with than \$400 is wrongly paps, or cash-based Medi-Cat of my facts or change	CERTIFI  any change that of my cash aid. oposed action by live wrong facts if can be legally a committing a id out for cash all because I did	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found a litraded of explosive the first to my food	STAND THAT:  collow food stamp rule 12 months for the te and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps food stamps food stamps violation; or sold food stamps stamps can be stop	es, my food stamps or st violation, 24 monthird. And I may be firm ison for 20 years. of law because: or firearms, ammunitican be stopped foreviped for 24 months for 24 m
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe I on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any property are department. I don't report all facts or go getting aid or benefits, I all than \$400 is wrongly paps, or cash-based Medi-Call of my facts or changemily status.	CERTIFI  any change that of my cash aid. oposed action by  ive wrong facts i can be legally committing a id out for cash al because I did les in income,	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found explosive the first violation of the second of the s	STAND THAT:  collow food stamp rule 12 months for the fit and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps fees, my food stamps violation; or sold food stamps stamps can be stop ation and forever for	es, my food stamps or st violation, 24 monthird. And I may be firison for 20 years. of law because: or firearms, ammunitican be stopped forevipped for 24 months of the second:
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any property of the are department. I don't report all facts or good getting aid or benefits, I all than \$400 is wrongly part of my facts or change mily status. I ow cash aid rules, my cash aid rules.	CERTIFI  any change that of my cash aid. oposed action by live wrong facts i can be legally a committing a lid out for cash all because I did les in income, ash aid can be	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found explosive the first violation of the second of the s	STAND THAT:  collow food stamp rule 12 months for the fit and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps	es, my food stamps or rst violation, 24 monthird. And I may be fir ison for 20 years. of law because: or firearms, ammunitican be stopped for every for controlled substanced for 24 months for the second; sthat were worth \$5
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe I on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai I do not foll stopped for 6	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any property are department. I don't report all facts or go getting aid or benefits, I adon't retor all facts or go getting aid or benefits, I adon't report all facts or go getting aid or benefits, I adon't report all facts or go getting aid or benefits, I adon't retor than \$400 is wrongly paps, or cash-based Medi-Callo for my facts or change mily status. I ow cash aid rules, my camonths for the first violate	CERTIFI  any change that of my cash aid. oposed action by ive wrong facts i can be legally a committing a id out for cash al because I did les in income, ash aid can be tion, 12 months	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first to a traded of itraded of itraded of more, my  I gave the	STAND THAT:  collow food stamp rule 12 months for the fit and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps of es, my food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps or food stamps can be accounty faise identit	es, my food stamps or st violation, 24 mont third. And I may be fir ison for 20 years. of law because: or firearms, ammunitican be stopped forev for controlled substaped for 24 months for the second; sthat were worth \$500 stopped forever; y or residence inform
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai I do not foll stopped for 6 for the second	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any property of the are department. I don't report all facts or go getting aid or benefits, I ad can be charged with than \$400 is wrongly paps, or cash-based Medi-Callo of my facts or change mily status. I ow cash aid rules, my camonths for the first violate, and forever for the third	certificany change that of my cash aid. oposed action by ive wrong facts i can be legally a committing a id out for cash al because I did les in income, ash aid can be tion, 12 months it. And I may be	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of traded of my food first violation or my  I gave the so I can	STAND THAT:  collow food stamp rul.  12 months for the fi and forever for the tand/or sent to jail/produced by the food stamps food stamps food stamps stamps can be stop at the food stamps can be stop or sold food stamps or sold food stamps can be a county false identiting to food stamps in food stamps can be a county false identiting the food stamps in	es, my food stamps or st violation, 24 monthird. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forevious for controlled substance for 24 months for the second; stat were worth \$5 topped forever; yor residence informmore than one case
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai If I do not foll stopped for 6 for the second fined up to \$100	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any property of the are department. I don't report all facts or good getting aid or benefits, I and can be charged with than \$400 is wrongly paps, or cash-based Medi-Callo of my facts or change mily status. I ow cash aid rules, my camonths for the first violate, and forever for the third poon and/or sent to jail/pri	certificany change that of my cash aid. oposed action by ive wrong facts i can be legally a committing a id out for cash al because I did les in income, ash aid can be tion, 12 months i. And I may be son for 5 years.	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first to a litraded of my food first viola  I traded of more, my  I gave the so I can same time	STAND THAT:  collow food stamp rule 12 months for the fit and forever for the te and/or sent to jail/pre deguilty in any court or sold food stamps riolation; or sold food stamps stamps can be stop ation and forever for or sold food stamps r food stamps can be accounty false identit get food stamps in e, my food stamps c	es, my food stamps or st violation, 24 mont third. And I may be fir ison for 20 years. of law because: or firearms, ammunitican be stopped forev for controlled substapped for 24 months f the second; s that were worth \$500 stopped forever; y or residence inform more than one case an be stopped for 10
I UNDERSTAND THE I must contact in may affect my end in the county welf in the county wel	HAT: my worker within 5 days of a eligibility for or the amount of a state hearing on any property of the are department. I don't report all facts or good getting aid or benefits, I and can be charged with than \$400 is wrongly part pays, or cash-based Medi-Carlor of my facts or change mily status. I ow cash aid rules, my carlor of the first violated, and forever for the third of the grant one application so I carlor of the carlor of	certificany change that of my cash aid. oposed action by live wrong facts it can be legally a committing a lid out for cash all because I did les in income, ash aid can be tion, 12 months it. And I may be son for 5 years, an get cash aid	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the second of the se	STAND THAT:  collow food stamp rule 12 months for the fit and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps for sold food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps or food stamps can be to county false identit get food stamps in e, my food stamps can er of my household	es, my food stamps or rest violation, 24 monthird. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substant ped for 24 months for the second; se that were worth \$50 estopped forever; yor residence inform more than one case an be stopped for 10 who is hiding or residence in the second;
I UNDERSTAND THE I must contact report all property, or far for the second fined up to \$10 lif I file more than county false p	HAT:  my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the area of the acts or good of the acts or changed with than \$400 is wrongly parts, or cash-based Medi-Cats of my facts or changes of the acts of the third than \$400 is wrongly parts.  If the acts of the acts of the third than the acts of the third than one application so I come case at the same tire of for an ineligible chile.	certificany change that of my cash aid. oposed action by live wrong facts if can be legally a committing a lid out for cash all because I did les in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the d or for a child	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the second first vio	STAND THAT:  collow food stamp rule 12 months for the fit and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps for sold food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps or food stamps can be to county false identit get food stamps in e, my food stamps can er of my household	es, my food stamps or rest violation, 24 monthird. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substant ped for 24 months for the second; se that were worth \$50 estopped forever; yor residence inform more than one case an be stopped for 10 who is hiding or rumpted felony, or a particular particu
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfa If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai If I do not foll stopped for 6 for the second fined up to \$10 If I file more the more than county false p that does not	HAT:  my worker within 5 days of a eligibility for or the amount of to a state hearing on any produce department.  i don't report all facts or go getting aid or benefits, I and can be charged with than \$400 is wrongly paps, or cash-based Medi-Call of my facts or change mily status.  low cash aid rules, my camonths for the first violation, and forever for the third because at the same tire of the case at the same tire of for an ineligible chile exist, my cash aid can be	certificany change that of my cash aid. oposed action by live wrong facts if can be legally a committing a lid out for cash all because I did les in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the d or for a child	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the second first vio	STAND THAT:  collow food stamp rule 12 months for the fi and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps risolation; or sold food stamps stamps can be stop ation and forever for or sold food stamps or food stamps can be to county false identit get food stamps in e, my food stamps can e, my food stamps can er of my household of for a felony, an atter	es, my food stamps or rest violation, 24 monthird. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substant ped for 24 months for the second; se that were worth \$50 estopped forever; yor residence inform more than one case an be stopped for 10 who is hiding or rumpted felony, or a particular particu
I UNDERSTAND THE  I must contact report and following for the second for the second fined up to \$10 to get or the second fined up to get or the second	HAT:  my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the arrow of the	certificany change that of my cash aid. oposed action by ive wrong facts it can be legally a committing a id out for cash al because I did les in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the d or for a child e stopped for 2	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first to the second of th	STAND THAT:  collow food stamp rule 12 months for the fi and forever for the te and/or sent to jail/pr d guilty in any court or sold food stamps fes, my food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps or food stamps can be county false identit get food stamps in e, my food stamps car of my household or for a felony, an atter iolation cannot get food	es, my food stamps or rst violation, 24 monthird. And I may be finitison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substance for 24 months for the second; so that were worth \$50 stopped forever; yor residence information more than one case an be stopped for 10 who is hiding or rumpted felony, or a parood stamps.
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or far If I do not foll stopped for 6 for the second fined up to \$10 If I file more the in more than county false p that does not years, 4 years, YOU MUST SIGN I declare under	HAT:  my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the area	certificany change that of my cash aid. oposed action by ive wrong facts it can be legally a committing a id out for cash all because I did les in income, ash aid can be tion, 12 months it. And I may be son for 5 years, an get cash aid me, or give the d or for a child e stopped for 2	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the second first vio	STAND THAT:  collow food stamp rule 12 months for the fi and forever for the t and/or sent to jail/pr d guilty in any court or sold food stamps f es, my food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps recounty false identit get food stamps in e, my food stamps can be county false identit get food stamps in e, my food stamps can or of my household or for a felony, an atter iolation cannot get food  NTH OR IT WILL BE CO	es, my food stamps or st violation, 24 monthird. And I may be fir ison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substance for 24 months for the second; sthat were worth \$50 estopped forever; yor residence information more than one case an be stopped for 10 who is hiding or rumpted felony, or a parood stamps.
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfa If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or fat If I do not foll stopped for 6 for the second fined up to \$10 If I file more th in more than county false p that does not years, 4 years, YOU MUST SIGN I declare under this report are	HAT: my worker within 5 days of a sligibility for or the amount of to a state hearing on any property of the amount of the act of th	certificany change that of my cash aid. oposed action by ive wrong facts it can be legally a committing a id out for cash all because I did ges in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the dor for a child ge stopped for 2	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the second of the se	STAND THAT: collow food stamp rule 12 months for the fi and forever for the te and/or sent to jail/pr of guilty in any court or sold food stamps riolation; or sold food stamps stamps can be stop ation and forever for or sold food stamps or food stamps can be a county false identify get food stamps in e, my food stamps in e, my food stamps car of my household of for a felony, an atter iolation cannot get food  NTH OR IT WILL BE CO	es, my food stamps or st violation, 24 mont third. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substapped for 24 months of the second; state were worth \$500 stopped forever; yor residence inform more than one case an be stopped for 10 who is hiding or rumpted felony, or a particular the facts contained at the facts contained
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or far If I do not foll stopped for 6 for the second fined up to \$10 If I file more the in more than county false p that does not years, 4 years, YOU MUST SIGN I declare under	HAT: my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the amount of the act of th	certificany change that of my cash aid. oposed action by ive wrong facts it can be legally a committing a id out for cash al because I did ges in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the d or for a child e stopped for 2	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found - I traded of explosive the first violation of the second first violation of the second first violation of the law probation of the I am same time.  Any member from the law probation of the I am p	STAND THAT:  collow food stamp rule 12 months for the fi and forever for the t and/or sent to jail/pr d guilty in any court or sold food stamps f es, my food stamps violation; or sold food stamps stamps can be stop ation and forever for or sold food stamps recounty false identit get food stamps in e, my food stamps can be county false identit get food stamps in e, my food stamps can or of my household or for a felony, an atter iolation cannot get food  NTH OR IT WILL BE CO	es, my food stamps or st violation, 24 monthird. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forever, for controlled substance for 24 months for the second; stanta were worth \$5 estopped forever; yor residence information more than one case an be stopped for 10 who is hiding or rumpted felony, or a particular the facts contained thome.
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfa If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or fat If I do not foll stopped for 6 for the second fined up to \$10 If I file more th in more than county false p that does not years, 4 years, YOU MUST SIGN I declare under this report are	HAT: my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the amount of the act of th	certificany change that of my cash aid. oposed action by live wrong facts if can be legally a committing a id out for cash aid because I did les in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the d or for a child be stopped for 2  TER THE LAST DAY one laws of the Unite lete for the entire result, your spouse and the stephological that is the head of household.	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found - I traded of explosive the first violation of the second first violation of the second first violation of the law probation of the I am same time.  Any member from the law probation of the I am p	STAND THAT:  collow food stamp rule  12 months for the fi  and forever for the te  and/or sent to jail/pr  d guilty in any court  or sold food stamps food stamps  violation;  or sold food stamps  stamps can be stop  ation and forever for  or sold food stamps  refood stamps can be  county false identity  get food stamps in  e, my food stamps in  e, my food stamps can  or of my household  w for a felony, an atter  iolation cannot get food  NTH OR IT WILL BE CO  State of California the  der or the household's au	es, my food stamps or st violation, 24 monthird. And I may be firmison for 20 years. of law because: or firearms, ammunitican be stopped forever, for controlled substance for 24 months for the second; stanta were worth \$5 estopped forever; yor residence information more than one case an be stopped for 10 who is hiding or rumpted felony, or a particular the facts contained thome.
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfa If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or fai If I do not foll stopped for 6 for the second fined up to \$10 If I file more th in more than county false p that does not years, 4 years, YOU MUST SIGN I declare under this report are WHO MUST SIGN	HAT: my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the amount of the act of th	certificany change that of my cash aid. oposed action by live wrong facts if can be legally a committing a id out for cash aid because I did les in income, ash aid can be tion, 12 months id. And I may be son for 5 years, an get cash aid me, or give the d or for a child be stopped for 2  TER THE LAST DAY one laws of the Unite lete for the entire result, your spouse and the stephological that is the head of household.	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the law probation of the law probation of the parent (of aided did, a household member of the second first violation of the law probation of the law probation of the law probation of the parent (of aided did, a household member of the law probation of the parent (of aided did, a household member of the law probation of the parent (of aided did, a household member of the law probation of the parent (of aided did, a household member of the law probation of the parent (of aided did, a household member of the law probation of the law probation of the parent (of aided did, a household member of the law probation of the law pro	STAND THAT:  collow food stamp rule  12 months for the fi  and forever for the te  and/or sent to jail/pr  d guilty in any court  or sold food stamps food stamps  violation;  or sold food stamps  stamps can be stop  ation and forever for  or sold food stamps  refood stamps can be  county false identity  get food stamps in  e, my food stamps in  e, my food stamps can  or of my household  w for a felony, an atter  iolation cannot get food  NTH OR IT WILL BE CO  State of California the  der or the household's au	es, my food stamps or rst violation, 24 monthird. And I may be finitison for 20 years. of law because: or firearms, ammunitican be stopped forever for controlled substance for 24 months for the second; so that were worth \$50 stopped forever; your residence information more than one case and be stopped for 10 who is hiding or rumpted felony, or a particular the facts contained thome.
I UNDERSTAND TH  I must contact r may affect my e I have the right the county welfe If on purpose I to get or keep prosecuted ar felony if more aid, food stam not report all property, or far If I do not foll stopped for 6 for the second fined up to \$10 If I file more th in more than county false p that does not years, 4 years, YOU MUST SIGN I declare under this report are WHO MUST SIGN SIGNATURE OF MARK	HAT: my worker within 5 days of a eligibility for or the amount of to a state hearing on any property of the amount of the act of th	CERTIFICATION CONTROL OF THE LAST DAY Control of the entire results of the entire result	CATION  I ALSO UNDERS  If I do not for stopped for the second, to \$250,000  If I am found  I traded of explosive the first violation of the second first vio	STAND THAT:  collow food stamp rule  12 months for the fi  and forever for the te  and/or sent to jail/pr  d guilty in any court  or sold food stamps food stamps  violation;  or sold food stamps  stamps can be stop  ation and forever for  or sold food stamps  refood stamps can be  county false identity  get food stamps in  e, my food stamps in  e, my food stamps can  or of my household  w for a felony, an atter  iolation cannot get food  NTH OR IT WILL BE CO  State of California the  der or the household's au	es, my food stamps or st violation, 24 mont third. And I may be firison for 20 years. of law because: or firearms, ammunitican be stopped forever, for controlled substaped for 24 months for the second; sthat were worth \$50 stopped forever; yor residence information more than one case an be stopped for 10 who is hiding or rumpted felony, or a parood stamps.  ONSIDERED INCOMPLET at the facts contained the facts contained thome.

DATE:

#### MONTHLY ELIGIBILITY/STATUS REPORT



For Cash Aid, Food Stamps and Medi-Cal/State-Run **County Medical Services Program (CMSP)** 

THIS REPORT IS FOR THE MONTH OF

- Complete, sign, and return this report by the 5th of the month. Facts on who can sign are listed in the CERTIFICATION section.
- If a complete report is still not in by the 11th, your benefits for cash aid, food stamps, and/or Medi-Cal/State CMSP may be delayed, lowered or stopped. You will not get work allowances for cash aid.
- Important: If you don't want cash aid, food stamps and/or Medi-Cal/State CMSP anymore, fill in PART A below, sign and date Item (8) on the back of this form.
- If you want to keep your benefits, fill in ALL questions in PART B below and attach proof when we ask for it or your benefits may be lowered or stopped. Attach a separate sheet of paper if needed.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call your worker.				W	orker:	F	Phone:	
PART A Requ	est to Stop Benefits	(If you fill in	this part, sign	and date Iten	n (8) on the ba	ack of this form.	)	
lask that my [	e stopped on th	stopped on the last day of:			MONTH/YEAR			
	ou get food stamps, ans I including children, pare				n't get food stam	ps, answer for ev	eryone on cash	aid and/or Medi-
If "YES", and actual	rone get money from a complete below. Include ti al date received. Check (	ps, vacation pay  if for job or t	or income in kind raining. Attach ;	paystubs or other	er proof of earnin	ıgs.	deductions	YES NO
Who Got Income	mployed: List business Employer's name   Job Train	Number of Days Worker	Number of	Gross Amount	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received
Who Got Income	Employer's name   Job	Number of Days Worked	Number of Hours Worked	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received
training, li	above paid for car st here and attach Who Received Care	re of a child, proof of pa	disabled payment.	1.	ner depender erson Who Recei			work, or in
	;	\$				\$		
Include: Child Social Securit Workers Com Lump sums - Cash; gifts; lo	le receive money of d/spousal/medical supporty; Supplemental Security ipensation; state disabiliback government beneficians; grants; scholarshipmoreceived, source, gross	ort; interest from by Income/State ty insurance (SE its; lottery winnings; tax refunds; r	checking/savin Supplemental f II); unemploym ngs; money fror ental income; fi	gs accounts or Payment (SSI/S ent; other disab n insurance/leg ree housing, util	SP); railroad reti- ility; strike benefi- al settlements, e- lities, or food; or	rement; veterans. ts. tc.		YES NC
Who Got Income	Source of Income	\$		Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received
Who Got Income	Source of Income	\$		Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received	Gross Amount \$ Date Received
If anyone paid of \$	court ordered child support	this month, list the	amount they paid		hanges in the court	order. Attach i	Proof.	

E.W. INITIALS

5 Did anyone become dis unable to work for at le	sabled, or recover from	a disability/ma	jor illness? Includ	le anyone who is	YES NO
	ELATIONSHIP TO YOU	EXPLAIN WHAT CH			DATE OF CHANGE
6 Did anyone move into a temporary absences; a	or out of your home, or	did you move i	in with some one	else? Include: newborn	s; YES NO
	LATIONSHIP TO YOU	EXPLAIN WHAT CHA			DATE OF CHANGE
<ul> <li>Job/ Start, sto Strike, or School: Start or s school training.</li> <li>Property: Buy, sell, home, lar</li> <li>Checking/ Open/clos</li> </ul>		ng, go out on rs. for tuition, notor vehicle, count(s) or the	Babies:     Marital:     Medical     Costs:  Insurance:	Become pregnant, have a lawarry, divorce, or separate For Food Stamps: anyone or older may report new mused to figure your current For Medi-Cal/State CMSP due to an injury or accident Start, stop, or change life, a benefits including MEDICA	who is disabled or age 60 nedical costs not being allotment. medical costs that were t caused by someone else.
	s amerent at the end of the hip or immigration status cha		• IHSS:	Starts or stops In-Home Su	
Immigration anyone ge	ets a new card, form or letter				
Status: NAME OF PERSON(S)	RELATIONSHIP TO YOU	EAD! VIV. (VI	HAT HAPPENED		DATE OF CHANGE
NAME OF PERSON(S)	NELATIONSHIP TO TOU	EAF CAIN WI	IAI HAFFERED		DATE OF CHANGE
ADDRESS CHANGE				mailing address. And if yo	ou get food stamps,
ADDRESS CHANGE	attach proof of your ne	w housing costs	, such as rent and	utility receipts/bills,	
NEW HOME ADDRESS (NUMBER, STREET	NAME, AVENUE, BLVD., ETC.) APT	NO CITY	STAT	E ZIP CODE	NEW PHONE NUMBER
					( )
		E ADDRESS)			
LINDEDOTAND THAT		CERTIFIC	ATION I ALSO UNDERST	AND THAT:	
<ul> <li>I must contact my worker waffect my eligibility for or the 10 days of any change that cost for Medi-Cal/State CMI.</li> <li>I have the right to a state he county welfare department.</li> <li>If on purpose I don't repoget or keep getting aid or prosecuted and can be chmore than \$400 is wrongly stamps, or Medi-Cal becar or changes in income, profil I do not follow cash aid for 6 months for the first and forever for the third. And/or sent to jail/prison for I file more than one case at the false proof for an ineligible exist, my cash aid can be forever.</li> </ul>	e amount of my cash aid of may affect my eligibility of SP.  earing on any proposed act all facts or give wrong benefits, I can be legally barged with committing a y paid out for cash aid, fouse I did not report all of operty, or family status. Tules, my cash aid can be violation, 12 months for the And I may be fined up to for 5 years.  Silication so I can get cash a same time, or give the cash a child or for a child that stopped for 2 years, 4 year	ge that may r within r share of stion by the facts to felony if ood i my facts be stopped the second, \$10,000 th aid in county t does not ears, or	I ALSO UNDERST  If I do not foll stopped for the second, a \$250,000 and I traded or explosive first violation a I traded or food stam violation a I traded or my food s I gave the I can get f time, my food a probation violation violation a contract the law for a probation violation violation a contract the law for a probation violation violatical violation violatio	low food stamp rules, my 22 months for the first viden and forever for the third. I/or sent to jail/prison for guilty in any court of law sold food stamps for firs, my food stamps for cops can be stopped for 24 and forever for the second sold food stamps that we tamps can be stopped for county false identity or a cou	plation, 24 months for And I may be fined up to 20 years. It because: rearms, ammunition, or restopped forever for the controlled substances, my I months for the first d; were worth \$500 or more, prever; residence information so none case at the same ped for 10 years. In hiding or running from any, or a parole or tamps.
affect my eligibility for or the 10 days of any change that cost for Medi-Cal/State CMI I have the right to a state he county welfare department. If on purpose I don't repo- get or keep getting aid or prosecuted and can be ch more than \$400 is wrongly stamps, or Medi-Cal becal or changes in income, pro If I do not follow cash aid for 6 months for the first and forever for the third. I and/or sent to jail/prison f If I file more than one app more than one case at the false proof for an ineligible exist, my cash aid can be	e amount of my cash aid of may affect my eligibility of SP.  earing on any proposed act all facts or give wrong benefits, I can be legally narged with committing a y paid out for cash aid, fouse I did not report all of operty, or family status. Trules, my cash aid can be violation, 12 months for the And I may be fined up to for 5 years.  Silication so I can get cash a same time, or give the seame time, or give	ge that may r within r share of stion by the facts to felony if food finy facts the second, \$10,000 th aid in county t does not ears, or first DAY Or with ears, or first DAY Or with ears of the Uniter or the entire representation of the united the end of household	I ALSO UNDERST  If I do not foll stopped for the second, a \$250,000 and I traded on explosive first violation a food stam violation a I traded of my food stam violation a I traded of my food stam violation a I traded of my food stam violation a probation violation a firm, my food stam of the I can get food the I can get food stam of the I can get food states and the Sport month.	low food stamp rules, my 22 months for the first vidend forever for the third. I/or sent to jail/prison for guilty in any court of law resold food stamps for firs, my food stamps for cops can be stopped for 24 and forever for the second sold food stamps that we tamps can be stopped for county false identity or lood stamps in more than ood stamps in more than ood stamps can be stopped for joint food stamps and stamps can be stopped for county false identity or lood stamps in more than ood stamps can be stopped for joint my household who is felony, an attempted feloplation cannot get food state of California that the children) if living in the homer or the household's authorier	Diation, 24 months for And I may be fined up to 20 years. It because: learms, ammunition, or e stopped forever for the controlled substances, my all months for the first d; were worth \$500 or more, prever; residence information so none case at the same ped for 10 years. In hiding or running from only, or a parole or tamps.
I must contact my worker waffect my eligibility for or the 10 days of any change that cost for Medi-Cal/State CM! I have the right to a state he county welfare department. If on purpose I don't report of the county welfare department of the prosecuted and can be changed and can be changes in income, provided in the county welfare department. If I do not follow cash aid for 6 months for the first and forever for the third. A and/or sent to jail/prison of I I file more than one case at the false proof for an ineligible exist, my cash aid can be forever.  YOU MUST SIGN AND DAT I declare under penalty this report are true and	e amount of my cash aid of may affect my eligibility of SP.  earing on any proposed act all facts or give wrong benefits, I can be legally narged with committing a y paid out for cash aid, fouse I did not report all of operty, or family status. The rules, my cash aid can be violation, 12 months for the And I may be fined up to for 5 years.  Silication so I can get cash a same time, or give the cash a stopped for 2 years, 4 years.  TE THIS REPORT AFTER Tof perjury under the law correct and complete for Cash Aid: you, you For Food Stamps: the legal of the stopped for Stamps: the legal of the stamps of the stam	ge that may r within r share of stion by the facts to felony if food finy facts the second, \$10,000 th aid in county t does not ears, or first DAY Or with ears, or first DAY Or with ears of the Uniter or the entire representation of the united the end of household	I ALSO UNDERST  If I do not foll stopped for the second, a \$250,000 and I flam found I traded or explosive first violation a I traded or food stam violation a I traded or my food s I gave the I can get fittime, my five Any member the law for a probation violation of the I can get fittime, my five Any member the law for a probation violation violation of the I can get fittime, my five Any member the law for a probation violation violation violation of the I can get fittime, my five I can get fittime, my fi	low food stamp rules, my 12 months for the first vidend forever for the third. I/or sent to jail/prison for guilty in any court of law r sold food stamps for firs, my food stamps for cops can be stopped for 24 and forever for the second sold food stamps that we tamps can be stopped for county false identity or sold stamps in more than ood stamps in more than ood stamps can be stopped for my household who is felony, an attempted feloplation cannot get food state of California that the children if living in the home or or the household's authoring for the beneficiary.	Diation, 24 months for And I may be fined up to 20 years. It because: learms, ammunition, or e stopped forever for the controlled substances, my all months for the first d; were worth \$500 or more, prever; residence information so none case at the same ped for 10 years. In hiding or running from only, or a parole or tamps.
I must contact my worker waffect my eligibility for or the 10 days of any change that cost for Medi-Cal/State CM. I have the right to a state he county welfare department. If on purpose I don't report of the possible of the person of the person of the prosecuted and can be changes in income, prosecuted and can be changes in income, prosecuted and for the first of the first of the person of the third. I and/or sent to jail/prison the file more than one case at the false proof for an ineligible exist, my cash aid can be forever.  YOU MUST SIGN AND DAT I declare under penalty this report are true and WHO MUST SIGN BELOW:	e amount of my cash aid of may affect my eligibility of SP.  earing on any proposed act all facts or give wrong benefits, I can be legally narged with committing a y paid out for cash aid, fouse I did not report all of operty, or family status. The rules, my cash aid can be violation, 12 months for the And I may be fined up to for 5 years.  Silication so I can get cash a same time, or give the cash a stopped for 2 years, 4 years.  TE THIS REPORT AFTER Tof perjury under the law correct and complete for Cash Aid: you, you For Food Stamps: the legal of the stopped for Stamps: the legal of the stamps of the stam	ge that may r within r share of stion by the facts to felony if ood finy facts be stopped the second, \$10,000 h aid in county t does not ears, or fixed from the entire regression of the United or the entire regressions. SP: you, your spot	I ALSO UNDERST  If I do not foll stopped for the second, a \$250,000 and I flam found I traded or explosive first violation a I traded or food stam violation a I traded or my food s I gave the I can get fittime, my five Any member the law for a probation violation of the I can get fittime, my five Any member the law for a probation violation violation of the I can get fittime, my five Any member the law for a probation violation violation violation of the I can get fittime, my five I can get fittime, my fi	low food stamp rules, my 12 months for the first vidend forever for the third. I/or sent to jail/prison for guilty in any court of law r sold food stamps for firs, my food stamps for cops can be stopped for 24 and forever for the second sold food stamps that we tamps can be stopped for county false identity or sold stamps in more than ood stamps in more than ood stamps can be stopped for my household who is felony, an attempted feloplation cannot get food state of California that the children if living in the home or or the household's authoring for the beneficiary.	Diation, 24 months for And I may be fined up to 20 years. It because: learms, ammunition, or the stopped forever for the controlled substances, my lamonths for the first d; were worth \$500 or more, prever; residence information so in one case at the same ped for 10 years. In hiding or running from any, or a parole or tamps.
I must contact my worker waffect my eligibility for or the 10 days of any change that cost for Medi-Cal/State CM. I have the right to a state he county welfare department. If on purpose I don't report of the possible of the person of the person of the prosecuted and can be changes in income, prosecuted and can be changes in income, prosecuted and for the first of the first of the person of the third. I and/or sent to jail/prison the file more than one case at the false proof for an ineligible exist, my cash aid can be forever.  YOU MUST SIGN AND DAT I declare under penalty this report are true and WHO MUST SIGN BELOW:	e amount of my cash aid of may affect my eligibility of SP. earing on any proposed act all facts or give wrong benefits, I can be legally harged with committing a y paid out for cash aid, fuse I did not report all of operty, or family status. rules, my cash aid can be violation, 12 months for the And I may be fined up to for 5 years. Silication so I can get cash as same time, or give the establishment of perjury under the late correct and complete for Cash Aid: you, you For Food Stamps: the For Medi-Cal/State CM	ge that may r within r share of stion by the facts to felony if food in my facts be stopped the second, \$10,000 the aid in county t does not ears, or fitted and the county of the United for the entire regressions and the content of the second foods and the county of the United for the entire regressions and the content for t	I ALSO UNDERST  If I do not foll stopped for the second, a \$250,000 and I flam found I traded or explosives first violation a I traded of food stam violation a I traded of my food stam violation a I traded of my food s I gave the I can get fittime, my find States and the Sport month. Other parent (of aided i, a household membruse or the person act HOME PHONE	low food stamp rules, my 12 months for the first vidend forever for the third. I/or sent to jail/prison for guilty in any court of law r sold food stamps for firs, my food stamps for cops can be stopped for 24 and forever for the second sold food stamps that we tamps can be stopped for county false identity or sold stamps in more than ood stamps in more than ood stamps can be stopped for my household who is felony, an attempted feloplation cannot get food state of California that the children if living in the home or or the household's authoring for the beneficiary.	Diation, 24 months for And I may be fined up to 20 years. It because: learms, ammunition, or le stopped forever for the controlled substances, my la months for the first d; learned for the substances of the controlled substances, my la months for the first d; learned for the first d; learned for the same ped for 10 years. In hiding or running from large, or a parole or tamps.  IDERED INCOMPLETE. The facts contained in learned for the facts contained for the fa

#### HOW TO FILL OUT YOUR CA 7 OR SAWS 7

- Save this notice and use it to help you fill out your CA 7 (Monthly Eligibility Report) or SAWS 7 (Monthly Eligibility/Status Report). If you need help filling out your report, tell your worker.
- Answer each question on the report. If you say "YES", you must give more facts and attach
  proof when we ask for it. Sign and date the CA 7/SAWS 7 in item (8), certification section. Do
  not date the report before the first of the report month that is shown at the top right hand corner
  of your form.



 The county uses the facts you give on your report to see if you are still eligible for benefits and to figure the amount of cash aid or benefits you should get.

#### **HOW OFTEN YOU MUST COMPLETE A CA 7/SAWS 7**

You must turn in a complete CA 7/SAWS 7:

- For Cash Aid and Food Stamps: every month.
- For Medi-Cal Quarterly Reporting and State-Run County Medical Services Program (CMSP): <u>only</u> when the county sends or gives your one.

### REPORTING FOR PERSONS THAT ARE IN YOUR HOME

### If You Get Cash Aid (No Food Stamps), Report Facts for:

- All children natural, adopted, stepchildren.
- · Children's parents natural, adopted, stepparents.
- · Other aided relatives of the children.
- Anyone who is temporarily absent from the home/household.

# If You Get Cash Aid and Food Stamps or Food Stamps Only, Report Facts for:

- · All children.
- · All related adults.
- · Others who buy or prepare food with you.

#### If You Get Medi-Cal/State CMSP, Report Facts for:

- · Your children natural, adopted, stepchildren.
- Children's parents natural, adopted, stepparents.
- Yourself and your spouse.

#### WHO MUST SIGN THE REPORT

- For Cash Aid: you and your spouse and/or the other parent (of the aided children) if living in the home.
- For Food Stamps: the head of household, a household member, or the household's authorized representative.
- For Medi-Cal/State CMSP: the applicant, applicant's spouse or the person acting for the beneficiary.
- And any other person who fills out the report, an interpreter, or the witness to your mark.

#### **PENALTY OF PERJURY**

- You sign the report "under penalty of perjury." This
  means that you swear under oath that the facts you give
  us are true, correct, and complete.
- Perjury and Fraud are crimes. If on purpose you give us facts that are not true, correct, and complete, you will be investigated for fraud and:
  - You can be legally prosecuted with penalties of a fine, jail/prison, or both. You will have committed a felony if you get more than \$400 wrongly paid out to you.
  - For cash aid and food stamps, you can get a disqualification penalty that stops your benefits for 6 months, 12 months, 2 years, 4 years, or forever.
  - You may have to pay back any cash aid, food stamps, or Medi-Cal/State CMSP you should not have gotten.

#### **HOW TO FILL OUT PART A ON THE SAWS 7**

#### **Request to Stop Benefits**

- On the SAWS 7, complete Part A only when you want to stop any of your benefits.
- Check what benefits you want stopped and tell us the date you want them stopped.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped.
- You must sign and date the SAWS 7 in item ®.

# FACTS YOU MUST REPORT FOR EACH QUESTION For Item Number:

- ① Any earnings and training allowances anyone got. Tell us the name of the person(s) who got the income/training allowances, the days and hours they worked, gross amount received and the actual date received. If self-employed, list all business expenses on a separate sheet of paper.
- ② Your child care costs or costs to take care of a disabled person or other adult while working, seeking work, or in training.
- ③ Any other money anyone got, such as: Child or spousal support, Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Unemployment/Disability Insurance, lottery winnings, lump sum, etc. List who got the income, gross amount, and date received.
- Any court ordered child support you paid and any changes to the court order.
- S Facts about anyone who became disabled or recovered from a disability or major illness.
- Facts about anyone who moves into or out of your home. If someone moves into someone else's home, explain whose home and relationship. Include temporary absences from the home.
- Tother facts that could change your eligibility or the amount of your benefits, like starting or stopping a job, school or training; changes in the balances in your checking/savings accounts; buying or selling something; a change in immigration status; or anything else. Include any changes you expect to happen in the next 30 days. If you get Food Stamps and you are disabled or age 60 or older, you may report new medical costs not being used to figure your current allotment.

**ADDRESS CHANGE:** Give us any changes in your address or phone number.

#### **PROOF**

## You Must Send in Proof Only When We Ask for it, Such As:

- · For earnings or training allowances.
- For costs for care of a child or disabled adult.
- When money or benefits start, stop, or the amount changes.
- When there is a change in the court order or the amount of court ordered child support payments you pay.
- · When your health insurance starts, stops, or changes,
- If you move and get food stamps, include proof of your new housing and utility costs.
- When you get married or divorced, become pregnant or have a baby.

## Examples of Proof for Income and Training Allowances:

- Original paystubs that show the name of the employer and the person who worked, the gross amount of pay before deductions, dates of the pay period, etc.
- If self-employed: Copies of quarterly/annual income tax reports, monthly profit and loss statements, etc.
- Copies of checks, award letters, loan papers, or other papers that show where the money came, from the amount owed or received, and the name of the person who got or will get the money, benefit, or free item, such as housing or utilities.

#### **Examples of Proof for Expenses/Costs:**

- If self-employed: copies of signed receipts, cancelled checks, statement(s) of charges from the person/firm providing an item(s) or service(s).
- For care of a child, or other dependent so someone
  can go to work or training: attach copies of receipts,
  bills, or cancelled checks that show the <u>cost</u> of the care
  and the names of the persons <u>who received</u> care, who
  paid for the care, and who <u>gave</u> the care.
- For housing and utility costs: receipts or bills for rent, mortgage, utilities.
- For college or trade school: copies of statement(s) from school or an award letter showing financial aid, tuition, fees, and other school costs.

#### **Examples of Other Proof:**

- For pregnancy: copy of the doctor's or clinic's statement that gives the mother's name and the date the baby is due.
- For changes in citizenship/immigration status: a copy of a letter, form or new card from the Immigration and Naturalization Service (INS).
- For marriage or divorce: a copy of a marriage license or divorce papers.

#### WHAT WE MEAN WHEN WE SAY

**COMPLETE CA 7/SAWS 7:** A CA 7/SAWS 7 is "complete" **only** when:

- · all the YES/NO questions are answered, and
- · all the information is filled in, and
- · all proof is attached when we ask for it, and
- · all required signatures are on the form, and
- the form is signed and dated <u>after</u> the last day of the report month.

**COURT ORDERED CHILD SUPPORT:** The payment a court of law or other legal document says you must make to a person for a child who are not in your home. Include payments made by a stepparent.

**GROSS AMOUNT:** The amount of your paycheck before deductions are taken out for taxes, social security, etc.

**HOUSING COSTS:** Rent or house/mortgage payments; insurance and property taxes when they are not part of your house/mortgage payment.

**LUMP SUM:** Lump sum is income you may get just one time or only once in a while, such as back government benefits, court awards, lottery winnings. etc.

**REPORT MONTH:** The month shown at the top right hand corner of page one of the CA 7/SAWS 7.

**STATE CMSP:** Medically necessary benefits for eligible adults who are not eligible for Medi-Cal and who live in some rural counties.

**TRAINING ALLOWANCE:** The money you get while you are in training.

**UTILITY COSTS:** For a Food Stamp household costs for heating/cooling, phone, etc.

#### DO NOT FORGET!

- If your report is late, not complete, or not turned in, your benefits may be late, lowered or stopped.
- If your report is not complete when you turn it in, you will be asked to complete it again.
- If a complete report is not received by the 11th of the month, you will not get work deductions for cash aid.
- If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report, or what proof you need to send in, ask your worker.



# COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (STATE CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/STATE CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help applying for or continuing to receive cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, SUCH AS HOMELESS ASSISTANCE OR IMMEDIATE NEED; FOOD STAMPS, INCLUDING EXPEDITED SERVICE; OR MEDICAL/STATE CMSP you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

TO GET AFDC IMMEDIATE NEED AND/OR AFDC HOMELESS ASSISTANCE, you must appear to be eligible for AFDC. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your Social Security Number(s), trying to get income available to you, and agreeing to cooperate with the district attorney about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

#### AFDC IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you don't have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

#### AFDC HOMELESS ASSISTANCE

If you are homeless, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

# CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

CAAP can help pay your child care costs if you are working and approved for cash aid, but choose not to get cash aid. You will get Medi-Cal and may be able to get food stamps. You can only choose to be in CAAP at the time of application for AFDC or at the annual review of your eligibility for AFDC.

APPLICANTS FOR FOOD STAMPS: All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

Food Stamps — Date of Eligibility

If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

#### FOOD STAMP EXPEDITED SERVICE

You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE

 rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (see the other side of the page for definitions of income and liquid resources),

OR

 no more than \$100 liquid resources and less than \$150 income for the month before deductions,

OR

 no more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, **complete Items 1 - 17 on the attached application**; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

### MEDI-CAL/STATE CMSP - MEDICAL EMERGENCY/PREGNANCY

If you have a medical emergency or are pregnant AND want Medi-Cal as soon as possible, complete Items 1-14. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

### MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for AFDC or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, check "YES" in both parts of Item 12 and tell the county.

#### WHAT WE MEAN WHEN WE SAY:

- California Alternative Assistance Program (CAAP): child care payments and Medi-Cal, for working individuals who are eligible for AFDC, but who choose not to get cash aid.
- Cash Aid: AFDC (Aid to Families with Dependent Children) and Refugee Cash Assistance.
- Food Stamps: benefits for low income households to help buy food.
- Food Stamp Expedited Service: food stamps within 3 days.
- Medi-Cal: medically necessary benefits for eligible persons.
- Medi-Cal Presumptive Eligibility (PE): temporary Medi-Cal coverage from certain doctors or clinics for many out-patient prenatal care services.
- Restricted Medi-Cal: emergency and pregnancy related care only.
- Authorized Representative: a person picked by an applicant or recipient for food stamps and/or Medi-Cal, who can take care of some of their business.
- Head of Household: a responsible member of the food stamp household.
- Income: money received or expected, such as:
  - earnings, welfare, child support, Supplemental Security Income/State Supplementary Program (SSI/SSP) or Social Security, pension or retirement payments;
  - Unemployment Insurance Benefits (UIB), State Disability Insurance (SDI), Veterans Benefits (VA), or other disability payments;
  - strike funds; payments from roomers and boarders; school grants and loans;
  - cash gifts, cash winnings, any other cash payments.
- Liquid Resources: other money, such as:
  - cash on hand, uncashed checks; money in checking accounts, savings accounts; or saving certificates;
  - trust deeds, notes receivable, stocks or bonds, etc.
- State CMSP: Medically necessary benefits for eligible adults who are not on Medi-Cal and who live in some rural counties.
- Restricted State CMSP: Emergency care only.
- Utilities: gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.
- You, Anyone, Everyone: any and all persons who live in your home.

#### OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid and food stamps at the same time and have one interview for both.
- You have the right to fill out this form yourself or, if you ask, have someone help you.
- FRAUD AND PERJURY: Fraud and perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, food stamps, and Medi-Cal. Perjury means that you swear under oath to give true, correct and complete facts. If you lie about facts or on purpose do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud.

- If you are found guilty of committing fraud, you
  may be fined up to \$10,000 for cash aid and
  \$250,000 for food stamps and/or sent to
  jail/prison for 5 years for cash aid and 20 years
  for food stamps. Cash aid and food stamps can
  be stopped for six months, twelve months, two
  years, four years, or forever.
- OVERPAYMENTS/OVERISSUANCES means you got more aid or benefits than you should have gotten.
  - If it's your fault: you will have to pay it back and your cash aid or food stamps will be lowered or stopped. Your Medi-Cal/CMSP share of cost may be changed.
  - If it's the County's fault: For AFDC, you will have to pay it back and your cash aid will be lowered or stopped. For food stamps, your benefits will not be lowered or stopped, unless you agree to have this done.
- SOCIAL SECURITY NUMBER (SSN) RULES We computer match SSNs against records from tax, welfare, employment, the Social Security Administration and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also match SSNs to be sure that you aren't getting aid in more than one case, or in another county or state.

Cash aid and food stamps: You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you won't be able to get cash aid or food stamps. For cash aid, you must give us your SSN(s) or proof of application for the SSN within 30 days of application and give the SSN to the county when you get it.

Medi-Cal: Each applicant for Medi-Cal who has a SSN is asked to give it to the county. Any U.S. citizen, U.S. national, amnesty alien with a valid and current I-688, alien with lawful permanent residence in the U.S. (LPR), or alien permanently residing in the U.S. under color of law (PRUCOL) who refuses to give a SSN or proof of application for a SSN, will not be able to get Medi-Cal/State CMSP. Any alien who does not have an SSN and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/State CMSP if he/she meets all eligibility rules, including California residency.

#### **COMPLAINTS**

If you think you have been discriminated against, contact your county's civil right's representative or write to:
State Civil Rights Bureau
P.O. Box 944243
Sacramento, CA 94244-2430
or by calling collect (916) 654-2107
or for the hearing impaired TDD
1-(800) 654-2098

For other kinds of complaints, contact your county first. If you and the county can't agree, write or call to: Public Inquiry and Response (PIAR) 744 P Street, M.S. 16-23 Sacramento, CA 95814 Phone 1 - (800) 952 - 5253 or for the hearing impaired TDD 1 - (800) 952-8349

#### STATE HEARINGS

If you do not agree with any action taken by the county, you can ask for a State Hearing by writing to your local county welfare office or by calling one of the phone numbers listed for PIAR above if you are asking for a state hearing for cash aid, food stamps, Medi-Cal, or if you think you are not getting the right State CMSP services. To appeal all State CMSP eligibility issues, you can only write to your county. You must ask for the hearing within 90 days of the county's action and you must tell why you want a hearing.

# APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL /STATE CMSP (SAWS 1) Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.

1.	NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)		2. SOCIAL SECURITY NUMBER (SSN)	COUNTY USE ONLY
				COUNTY OF APPLICATION
3.	MAIDEN OR OTHER NAME (IF ANY)			
4	HOME ADDRESS: NUMBER STREET	g MAILING ADDRESS (IF DI	EFERENT\	CO OF RESIDENCE (IF DIFF)
4.	HOME ADDRESS: NUMBER STREET	5. MAILING ADDRESS (IF DI	) I tall tar ( )	DATE RECEIVED
	CITY ZIP CODE	CITY	ZIP CODE	
				TYPE OF APPLICATION:
6.	TELEPHONE NUMBER(S): HOME	WORK	MESSAGE	CA: AFDC RCA
				FS: Initial Recert Rest
7.	Is your home address permanent?  If not permanent, please explain:		YES NO NO HOM	E MC: ☐ CMSP: ☐
8.		NO Medi-Cal	☐ YES ☐ NO	Homeless:
		NO State CMS explain:	SP	FS: YES NO CA 42
9.	Has anyone ever asked for or gotten aid or benefits, in	ncluding Medi-Cal/Medicaid	d? ☐ YES ☐ NO	Pickle Screening
	If YES, list: Name(s) used, where (county, state, coun-			Pickle Screening
		This was the state of		
10.	The law says we must record your ethnic group and la a. Ethnic Group  White  Hisp	anguage. This won't allect y	/our eligibility. ☐ Filipino ☐ Guamanian	Ethnic Group:
		erican Indian anese 🔲 Korean	☐ Chinese ☐ Samoan	
	☐ Vietnamese ☐ Hawaiian ☐ Othe	er Asian or Pacific Islander		
	b. Language	tonese 🗆 Lao 🗓	☐ Tagalog ☐ American Sign	
			Other (Specify):	Primary Language: –
11.	Is anyone a migrant or seasonal farmworker?		☐ YES ☐ NO	Presumptive Eligibility Input
12.	Is anyone pregnant?   YES   NO If YES, did s	he get a Presumptive Elig	gibility card?□ YES □ NO	Referral Date:
13.	Does anyone have a personal emergency? If YES	, check (✔) type:	☐ YES ☐ NO	
	☐ Immediate Medical Need ☐ Pregnancy ☐ Clear Abuse ☐ Other emergency which threa	Jhild Abuse □ Spousai tens health or safety: Ex	l Abuse plain:	AFDC IN  Denied/NOA prep
	-			Approved
(F Y	OU NEED: AN AFDC IMMEDIATE NEED PAYMENT FOOD STAMP EXPEDITED SERVICE			Expedited Grant
	MEDI-CAL OR ARE PREGNANT AND HAVE			Applicant requested CWD to complete
14.	How much liquid resources does everyone, including	17 How much are your	utilities that are not included in	()
	children, have?	your rent this month'		(initials)
	Cash, uncashed checks or money orders \$	18. • Do you have an e		FS E.S.
	Checking/savings or credit     union account(s)	notice to pay or qui	it? YES N	O E.S. questions not completed
	☐ Trust deeds, notes receivable,	Have your utilities	been shut off or	Screened for E.S.
	stocks or bonds \$	do you have a shut		O Date
	Other (explain) \$	Will your food run less?		(initials)
15.	How much income did everyone, including children, get or will they get this month?	Do you need ess		FS Referral for:
	Date Amount Date Amount	such as diaper	s or clothing _	E.S. Processing
	\$ \$	needed for cold we		Regular Processing
16	\$\$ \$\$  How much is your rent or mortgage this month?	<ul> <li>Do you need transportation to get</li> </ul>	I help with et food, clothing,	
10.	\$	medical care or o	ther emergency	CWD records cleared  MEDS CDB cleared
		item(s)?		☐ IEVS initiated
1	<ul> <li>I certify that I have been given a copy of the co with eligibility rules, some of which I may be asl</li> </ul>			Copy of SAWS 1 and
	statements I have made on this form may be ch		san be given. I understand the	coversheet given to applicant
	I certify that if I have applied for Food Stamps the		my right to Expedited Service.	
,	I declare under penalty of perjury under the			
10	of California that information I have given or SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE			CASE NAME
19.	ORANG UNE (UN MANN) OF APPLICANT ON ACTHURIZED HEPRESENTATIVE		DATE SIGNED	CASE NAME
************	SIGNATURE OF WITNESS TO MARK OR INTERPRETER		DATE SIGNED	CASE NUMBER